

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
SEP 03 2013

Permit #:	13-0094	ENTERED
Date:	9-10-13	
Amount Paid:	\$810	
Refund:	9-3-13	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.
HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Lars & Mary Carlson</u>	Mailing Address: <u>P.O. Box 254 Bayfield, WI 54814</u>	City/State/Zip: <u>Bayfield, WI 54814</u>	Telephone: <u>715-779-5940</u>
Address of Property: <u>87880 Bridgwood Creek Rd</u>	Contractor Phone: <u>Bayfield, WI 54814</u>	Plumber: <u>PL</u>	Cell Phone: <u></u>
Contractor: <u>Dan EC</u>	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION: <u>NE 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement) <u>04-006-02-50-03-006-1 00-269-40000</u>	Recorded Document: (i.e. Property Ownership) <u></u>	Pages: <u></u>
<u>NE 1/4, NW 1/4</u>	Gov't Lot <u>142</u>	Lot(s) <u>4</u>	CSM <u></u>
Section <u>60</u> , Township <u>50</u> N, Range <u>3</u> W	Town of: <u>Bayfield</u>		Subdivision: <u>Rays Point Sub-Div</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes--continue -->	Distance Structure is from Shoreline: <u>125</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Distance Structure is from Shoreline: <u></u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * (include donated time & material)	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$70,000.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>old tank</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u></u>	Width: <u>26</u>	Height: <u></u>
Proposed Construction:	Length: <u>30</u>	Width: <u>26</u>	Height: <u>26</u>

Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure	Principal Structure (first structure on property)	Dimensions	Square Footage
			Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	with a Porch	() X ()	()
			with (2") Porch	() X ()	()
			with a Deck	() X ()	()
			with (2") Deck	() X ()	()
			with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	()	
			Mobile Home (manufactured date)	() X ()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify)	() X ()	()	
			Accessory Building (specify)	() X ()	()
			Accessory Building Addition/Alteration (specify)	() X ()	()
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	() X ()	()	
			Conditional Use: (explain)	() X ()	()
SEP 10 2013	<input type="checkbox"/>	Other: (explain)	() X ()	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Secrecial Staff: I am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied on by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Lars Carlson Mary Carlson Date August 27, 2013
(if there are Multiple Owners listed on the Deed All Owners must sign or enter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 87880-Bridgwood Creek Rd, P.O. Box 254

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90 Feet	Setback from the Lake (ordinary high water mark)	200 Feet
Setback from the Established Right-of-Way	57 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	20 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	— Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	57 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	221 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	129 Feet	Setback to Well	25 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

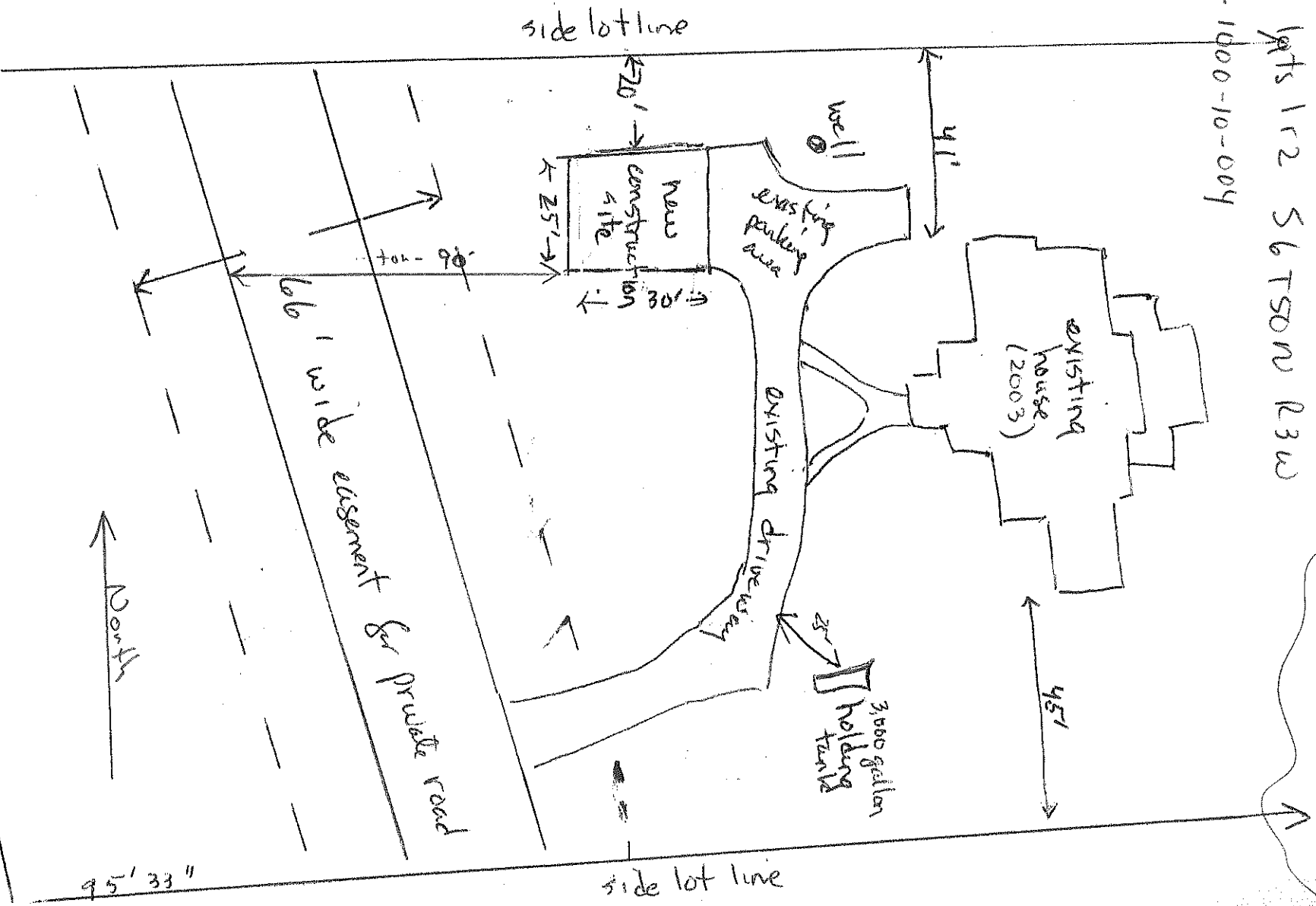
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>404328</u>	# of bedrooms: <u>3 main + 2 bunk = 5 total</u>	Sanitary Date: <u>10/31/22</u>
Permit Denied (Date):	Reason for Denial:	Permit Date: <u>9-10-13</u>	County inspector: <u>per plumber</u>	
Permit #: <u>13-0294</u>				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <u>N/A</u>		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: <u>could not locate nearest side lot line 9-4. contacted property owners + met on site 9-5-13. property owners represented nearest side lot line as 20 ft from Bunkhouse. (RRB)</u>				
Date of Inspection: <u>9-4-13</u>	Inspected by: <u>Cranbury-Murphy</u>		Zoning District	<u>RRB</u>
Condition(s) Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
<u>Approved upon condition the west side lot line = min. 10 ft from proposed construction as represented by property owner. No corner or foot prep. facilities allowed + enclosed driveway space shown at BE created than 500 sq. ft per 13-1-4 (4x)</u>				
Signature of Inspector:			Date of Re-Inspection: <u>9-5-13</u>	Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

lake shore
151'

OWNER: LARS & MARY CARLSON
87880 Bridgeway Creek Rd, Bayfield wisc.
Lot 4 Ray's Point Shores Subdivision
Parcel # 006-1000-10-004

715-779-5940
mccarlson491@hotmail.com



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PO Box 58
Washburn, WI 54891
(715) 373-6138

Parcel 1, A. # 006-144-08-000

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date stamp (received)
AUG 29 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0397
9-11-13
ENTERED
Amount Paid: \$850
9-11-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☒ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Gregory Scott CARLIER
Address of Property: 34780 South Coudy J Bayfield 54804
Parcel # B4535
City/State/Zip: State Hwy 13 Bayfield
Contractor: Carlier Coast
Contractor Phone: 715-719-5212
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: Same
Agent Mailing Address (include City/State/Zip): Same as Above
Written Authorization Attached: ☒ Yes ☒ No

PROJECT LOCATION: SE 1/4, NE 1/4
Legal Description: (Use Tax Statement)
PIN: (23 digits) 04 0062 5004 2210 4000 20000
Volume 602 Page(s) 19
Subdivision:
Section 22, Township 50 N, Range 4 W
Town of: Bayfield
Lot Size: 173 Acreage

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If yes---continue -->

Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of completion * include donated time & material: \$ 75,000

Project (What are you applying for):

Use: ☒ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City ☒ Well

of Stories and/or basement: ☒ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: _____

☐ Addition/Alteration ☐ 2-Story ☐ 3 ☒ Sanitary (Exists) Specify Type: Hold tank

☐ Conversion ☐ Basement ☐ Privy (Pit) or Vaulted (min 200 gallon)

☐ Relocate (existing bldg) ☐ No Basement ☒ Portable (w/service contract)

☒ Run a Business on Property ☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (If permit being applied for is relevant to it) Length: 14'6" Width: 44'54" Height: 29'

Proposed Construction: Length: 12'8" Width: 44'54" Height: 29'

Proposed Use: ☒ Principal Structure (first structure on property) (considers this as Residence (i.e. cabin, hunting shack, etc.) a Principal Structure with Loft with a Deck with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage Bunkhouse w/ ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) Mobile Home (manufactured date) Addition/Alteration (specify) METAL STORAGE BL Accessory Building (specify) Accessory Building Addition/Alteration (specify)

Rec'd for Issuance: SEP 11 2013

Special Use: (explain) _____
Conditional Use: (explain) _____
Other: (explain) _____

Dimensions: Square Footage: 9884

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

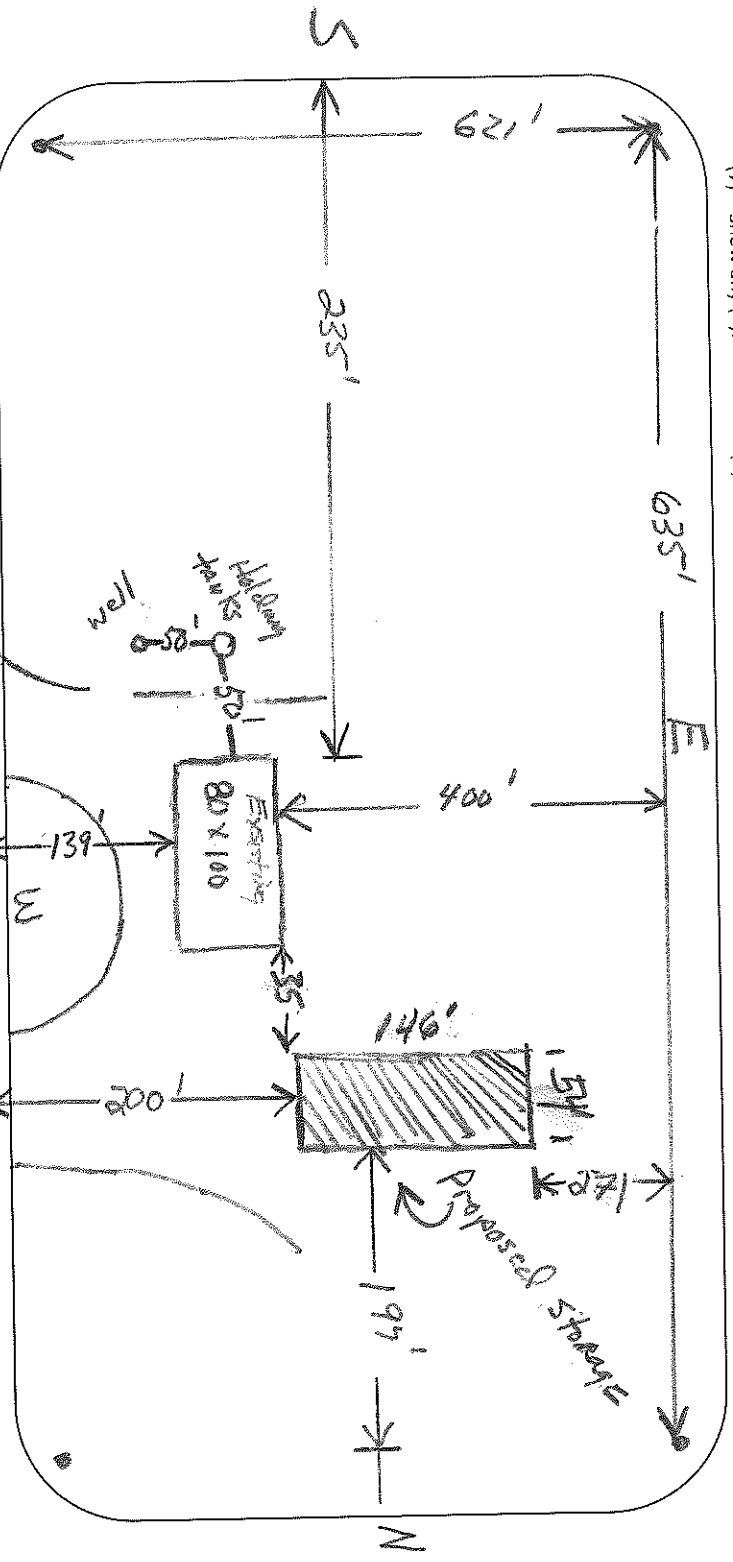
Owner(s): Gregory Scott Carlier Date Aug 29, 2013
(if there are Multiple Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 34780 South Coudy Hwy J Bayfield WI 54804 Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

May 13

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	169 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	197 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	235 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	139 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	271 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	145 Feet	Setback to Well	145 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0897		Permit Date: 9-11-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots(s)) <input checked="" type="checkbox"/> Yes	Mitigation Required Mitigation Attached	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Mini Storage Use Approved with COP in 1993 Permit # 2053 Approved for Mini Storage facility by plat plan shows 2 buildings. Second building represented by owner appears to meet all Code Requirements ok to issue COP plan.		Zoning District (RRB) Lakes Classification (-)		
Date of Inspection: 9/16/2013		Inspected by: Robert Schirmerman		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Applicant must contact commercial building inspector and secure commercial building permit, if Required by State. Further expansion or facility will require New COP.				
Signature of Inspector: [Signature]		Date of Approval: 9/9/13		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
				Hold For Fees: <input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 06 2013

Bayfield Co. Zoning Dept.

Permit #:	13-0899
Date:	9-11-13
Amount Paid:	\$485
Refund:	9-9-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Andrew Peterson	Mailing Address: Box 254	City/State/Zip: Bayfield Twp	Telephone: 715 373 254
Address of Property: 26255 Cordes Rd		City/State/Zip: Bayfield Twp	Cell Phone: 715 373 254
Contractor: SE 14	Contractor Phone: 715 5133	Plumber: Melissa Cordes	Plumber Phone: 715 373 254
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: N 42 5th St	Legal Description: (Use Tax Statement)	PN: (23 digits) 04	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
Gov't Lot	Lot(s)	CSM	Vol & Page
Lot(s)	CSM	Vol & Page	Lot(s) No.
Block(s) No.	Subdivision:	Lot Size	Acres: 68.5
Section 05, Township 50 N, Range 05 W		Town of: Bayfield	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet
If yes--continue -->		If yes--continue -->	
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet
If yes--continue -->		If yes--continue -->	
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet
If yes--continue -->		If yes--continue -->	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 100,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: HT	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 30	Width: 20	Height: 26
Proposed Construction: See Drawing	Length: 30	Width: 20	Height: 26
Proposed Use: Residential Use	Proposed Structure: Principal Structure (first structure on property)	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	1384
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration	with Loft	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Conversion	with a Porch	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Relocate (existing bldg)	with (2nd) Deck	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/> Run a Business on Property	with (2nd) Deck	
	<input type="checkbox"/>	with Attached Garage	
	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	
	<input type="checkbox"/>	Addition/Alteration (specify)	
	<input type="checkbox"/>	Accessory Building (specify)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	
	<input type="checkbox"/>	Special Use: (explain)	
	<input type="checkbox"/>	Conditional Use: (explain)	
	<input type="checkbox"/>	Other: (explain)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature]
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: PO Box 254
Copy of Tax Statement
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	120 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	120 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	1200 Feet	Setback from Wetland	
Setback from the West Lot Line	660 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	1760 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	30 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

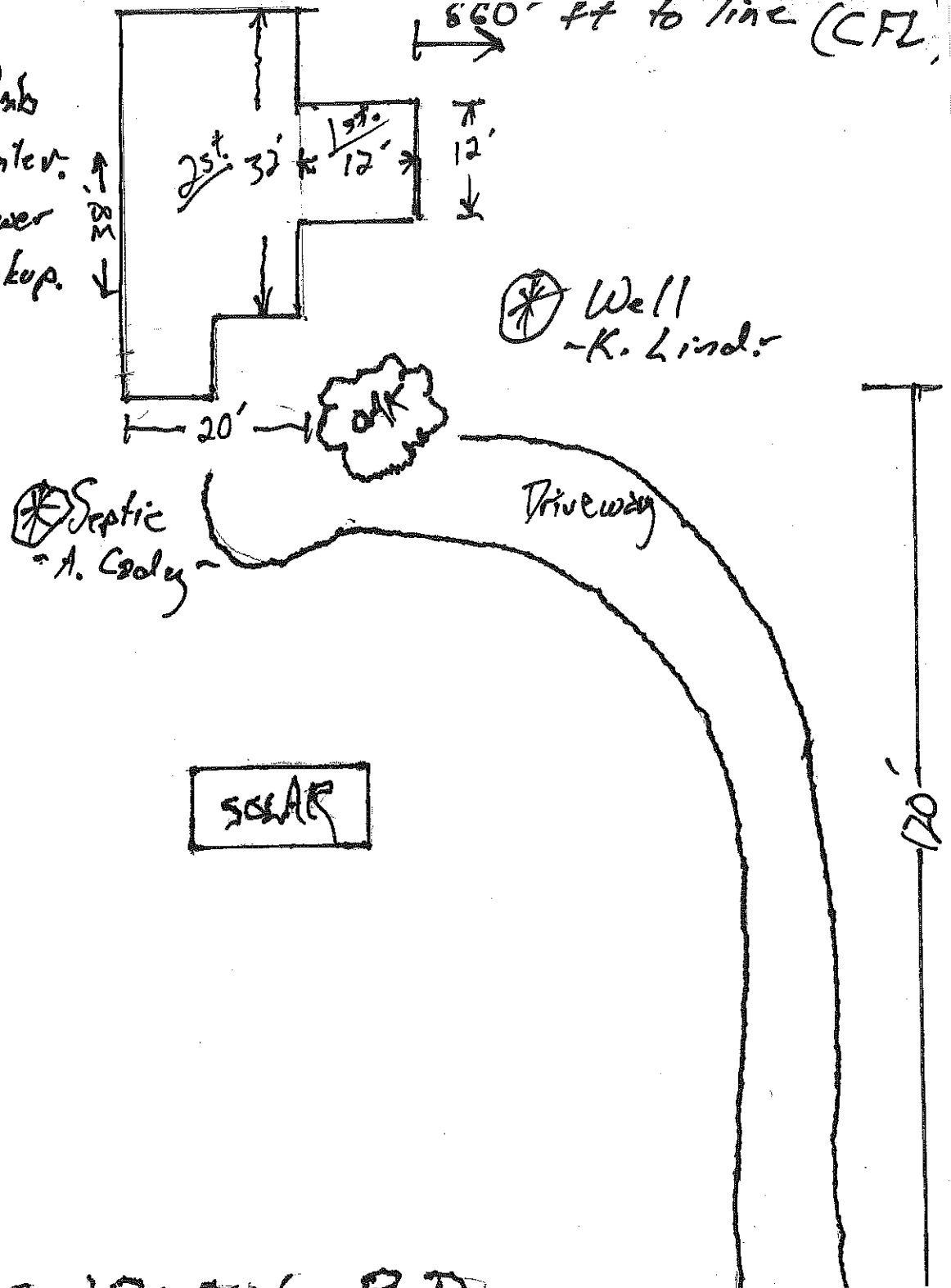
Issuance Information (County Use Only)		Sanitary Number: 13-625	# of bedrooms: 2	Sanitary Date: 7-10-2013			
Permit Denied (Date):		Reason for Denial:					
Permit #: 13-0099		Permit Date: 9-11-13					
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deed of Record	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #: n/a			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record:		Zoning District: (F-1)		Date of Re-Inspection: n/a			
Date of Inspection: 9-9-13		Inspected by: [Signature]		Lakes Classification: (NA)			
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
EXISTING CARPORT BE CONVERTED TO A NEW HABITABLE ACCESSORY STRUCTURE FOR HABITATION, ONE STRUCTURE BE REMOVED UNLESS NECESSARY PERMITS ARE OBTAINED. LOCATION OF PROPOSED CONSTRUCTION APPEARS TO BE CODE COMPLIANT.							
Signature of Inspector:		Date of Approval:					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

Peterson Res.

- 2 Story
- Heated Slab
- Wood Bentr.
- Solar Power
- Gen. Backup.

Existing Cabin.

Approx. 600 ft.



C. D. EN. P. D.